



2017

Mobile Food Unit Plan Review and Permitting Guide

Preparing to open a new or remodeled mobile food unit requires careful planning, then approval of those plans by Public Health – Seattle & King County (Public Health) before you begin to build the unit. Public Health is one of several agencies from which you will need to get a permit before your mobile business can open.

This guide includes:

- A checklist of all the forms and permits that need to be completed and approved before you can open for business
- All the necessary forms that must be completed and turned into Public Health for review and approval.
- A glossary of word definitions that the guide uses and are important to understand as you develop your plan.
- Our contact information is on page 2. Please contact us if you still have questions after reviewing the guide or working with the forms.

The Plan Review Application Process

Public Health's plan approval process requires you to complete the plans and application package, give it to Public Health to review and approve. Getting the permit will be delayed if the application package is not complete or the plans for your unit need to be changed. Appendix "A" offers a detailed checklist to help you organize a complete set of plans for our review. Your completed plan review application package must include:

1. A completed Plan Review Application for a Mobile Food Service Unit (Appendix "B")
2. Two (2) sets of your mobile food unit plans
3. A Use of Commissary/Shared Kitchen Agreement (Appendix "C")
4. A completed Food Preparation Flow Chart (Appendix "D")
5. A completed Use of Restroom Agreement (Appendix "E")
6. A completed Mobile Food Unit Contact Information for Route or Site Location (Appendix "F")
7. A detailed menu
8. A description of your business operations plan
9. The correct plan review fee – see Appendix "B" for the fee schedule
10. A completed Mobile and Limited Plan Review Cover Sheet (Appendix "H")

Appendix "G" has the general requirements for your mobile unit.

All the forms for this guide can be found at

www.kingcounty.gov/depts/health/environmental-health/food-safety/food-business-permit.

Following is the Public Health process after you turn in your plan review application package:

1. Public Health plan reviewers will look through the packet to make sure that it is complete.
2. If the plan review application is complete, it will be examined carefully by a plan reviewer. Applications are reviewed on a first come first served basis. The plan reviewer will let you know by email or US mail whether your plan was approved or not. **If your plans are not approved**, the plan reviewer will let you know exactly what needs to be done to do it correctly. After you've made the corrections, you will turn your application in to be re-considered for approval.

When your plans are approved, you need to apply for your operating permit (Appendix "I"):

1. Your operating permit is required to operate your Mobile Food Unit as a Food Service Establishment.
2. When you have paid for your permits and are ready to open for business, **call your plan reviewer to schedule a pre-opening inspection**. Our inspectors schedule pre-opening inspections on a first come, first served basis.

Additional permits:

In addition to the Public Health plan review and permitting requirements, there may be other permits you are required to have before opening for business

Local building officials may require that you apply for a “land use” permit for the site where you want to do business. Contact the city or jurisdiction where you want to place your mobile unit. For more information about mobile food vending in the **City of Seattle** right-of-way please contact: the Street Use Division, Annual Permits, (206) 684-5267 or AnnualPermits@Seattle.gov.

The City of Seattle’s Office of Economic Development also offers permitting guidance for food service operators. See <http://www.growseattle.com/restaurant> or call 206-684-3436.

Fire Department approval and permit is required if you will be using liquid propane, charcoal, wood or oil frying equipment.

Washington State Department of Labor and Industries (L & I) requires a sticker for occupied vehicles (commercial coaches)

Business licenses are required (state and local jurisdiction)

If you have questions, please call the plan reviewer in your area. Plan reviewers take calls between 8-10 am. If they are not available, please leave a voice message and they will return your call. **Walk-ins are available at the Seattle Chinook office Monday through Friday from 8-10 am (except on Thursdays, the office opens at 9 am).**

For businesses located within the cities of Burien, Seattle, Mercer Island, Shoreline, Vashon Island, and Unincorporated King County (Skyway and White Center only), please contact:

Pat Murphy: (206) 263-8484 or (206) 263-9566

John Shin: (206) 263-8531 or (206) 263-9566

For businesses located elsewhere in King County – Bellevue, (eastside cities not listed above) and in Unincorporated King County, please contact:

Mike Bratcher: (206) 477-8144 or (206) 477-8050

Diane Agasid: (206) 263-2157 or (206) 477-8050

Glossary of Mobile Food Unit Terminology

“Cart” means a Mobile Food Unit that can be pushed by a single person to move between locations..

“Commissary” is an approved food establishment where food is stored, prepared, put into portions or packaged to be served somewhere else.

“Limited Food Service” means a food establishment with a limited menu in a building without permanent plumbing.

“Menu” means the types of foods that will be served and how they are prepared.

“Mobile Food Unit” – means a food service that can be easily moved from one location to another, such as a cart, trailer, or truck.

“Occupied Mobile Food Unit” means a Mobile Food Unit where the workers will be inside of the unit, such as an enclosed truck or trailer.

“Plan Review” is the careful review of the proposed mobile food unit design, equipment, and menu by the health department to assure food items will be safely stored, prepared and served before the operating permit is granted. Reviewers will assure the mobile food unit is designed for food safety and that there is access to an approved commissary and bathroom. This guideline will help you prepare everything that you need to submit for a successful plan review.

Plan review is also required when changes are made to an existing mobile food unit, for example changes in ownership, commissary location, menu or physical design.

“Unoccupied Mobile Food Unit” means a Mobile Food Unit where the workers will be outside of the unit, such as a push cart or trailer.

Mobile food unit Plan application checklist

The following checklist will help you organize the necessary and **complete** set of plans for public health review. **Everything** on this list is required for the plan reviewer to accept the plans and begin the review process. Plans that are incomplete will not be accepted for review.

Your plan review package must be assembled in the following order.

- **1. Plan Review Application for a Mobile Food Service Unit** (Appendix "B" is the application)
- **2. Mobile Food Unit Design Information** (See Appendix "G" for information on operating a Mobile Food Unit.)

- ☐ **Outside View:** Provide plans/drawings/photos of the mobile food unit. Include front, back and side views.
- ☐ **Occupied Mobile Food Unit:** Provide scale drawings that include dimensions (*length, width*), of the interior layout showing all food service equipment locations (*hand wash sink, commercial refrigerator, cash register, soap & paper towel dispenser, three compartment sink, grill, oven, baked goods display, etc.*) Show all views including front, side, and elevations. State what the mobile surfaces, inside and out, are made of. Include the make and model number for each piece of equipment that will be installed. If the unit is already built, provide photographs of the inside, outside, all equipment, and the L & I sticker.



- ☐ **Unoccupied Mobile Food Unit Layout:** Provide length, width and height, of the trailer or cart layout showing all food service equipment locations (*espresso machine, knock box, grinder, blender, hand wash sink, commercial refrigerator, cash register, soap & paper towel dispenser, hot dog cooker, condiment dispensers, grill, oven, baked goods display, etc.*)

Note Movable Sidewalk Cart Size Restrictions: The cart body size is limited to 3 feet by 6 feet and two (2) wing extensions not longer than 18 inches each. Local jurisdictions may require the cart dimensions to be smaller. Please check cart size restrictions with the jurisdiction where you want to sell your product before giving your plans to public health.



- ☐ **Limited Food Service:** Provide detailed layout showing all food service equipment locations (*espresso machine, knock box, grinder, hot dog cooker, hand wash sink, commercial refrigerator, cash register, soap and paper towel dispensers, condiment dispensers, etc.*)

➤ 3. Water System

- ☐ Provide detailed drawings of the water system showing the placement/location of all parts, including: fresh and waste water tanks, hot water heater, pump, tubing, waste connection, three compartment sink (if applicable) and hand wash sink
- ☐ Hand wash sink must have hot and cold or warm (100 - 110° Fahrenheit) running water under pressure, be easily accessible and large enough for food employees to wash both hands simultaneously, approximately 10 x 10 x 6 inches. The hand wash sink is required to have at least five (5) gallons of fresh water.
- ☐ Hot water heater must have an adjustable thermostat and hot water temperature for the hand wash sink at 100° Fahrenheit (F) or more.
- ☐ Fresh water tank and all tubing material must be Food-Grade approved. Fresh water tanks must be filled with water from an approved source. If water tanks are refilled by hoses, the hoses must be food grade. All hoses must have vacuum breakers to prevent contamination of the water supply.
- ☐ If the mobile has a three compartment sink the fresh water tank must be sized to meet the cleaning needs of the truck in addition to the 5 gallons required for hand washing.
- ☐ Waste water tank must hold at least fifteen (15) percent more than the freshwater tank.
- ☐ Waste connection: The connection to the waste water tank must be easy to connect/disconnect or permanent and must not leak.

The waste water tank must be emptied or drained at the commissary, or an approved disposal site, NEVER on the street or ground or used to water plants. If RV dump sites are used for wastewater holding tank disposal, you must attach the facility site address and a letter of permission to your application packet.
- ☐ A 3-compartment dishwashing sink is required on all Occupied Mobile Food Units. The dishwashing sink must have space on both sides for dishes and be supplied with hot and cold running water under pressure.
- ☐ If seating is provided a plumbed restroom must be available for customers within 200 feet of your unit.

➤ 4. Commissary Information

- ☐ **Commissary Name:** Include the address, phone number(s) and name of the contact person.
- ☐ **Permission Letter** (if applicable): If you are using someone else's approved kitchen, then complete the "Use of Commissary Agreement" form (*Refer to **Appendix "C"***).



- ☐ **Commissary Plan:** Provide a plan drawing of the commissary layout showing which food service equipment, plumbing fixtures and storage areas you will be using. If the mobile food unit is to be stored there, then show where it will be placed on the drawings.

5. Site/Itinerary Information Contact Information

Provide a completed “*Mobile Food Unit Contact Information for Route or Site Location*” form (**Appendix F**).

- ☐ **Operating Site** – If the mobile food unit will be operating at only one site, indicate exactly where the mobile food unit will be located, including the address and a site map/drawing showing the mobile food unit in relation to the streets, buildings, restroom and commissary (if your commissary is within 200 feet).

and/or

Multiple Sites – If the mobile food unit will be operating at multiple sites or on a route, provide your contact information and other ways in which we can determine your location of operation; such as cell phone number, email address, web page with a posted calendar, twitter account, or GPS locator.

- ☐ **Restroom Location(s)**: Provide a completed “*Use of Restroom Agreement*” form (**Appendix E**) and a map showing the location of the restroom in relation to the Mobile Food Unit if at any one location for more than one hour. A completed “*Use of Restroom Agreement*” must be kept on the mobile food unit for review at time of inspection.

➤ **6. Menu & Food Preparation Steps**

Itemized Menu: Provide a detailed list of all the foods and beverages you will be serving and note where you purchase your food supplies of any item that you have not made. Include all items like entrees, condiments, baked goods, iced drinks, syrups, etc. Note how the items are handled, packaged and/or displayed.

Food Preparation: Document all food preparation procedures. Include all steps in the preparation of each menu item noting whether the preparation occurs at the commissary or on the mobile food unit. Describe in detail how the food is prepared, when it is made, how it is packaged, how it is transported (hot/cold), etc. Fill out **Appendix “D”** to help summarize all the food processes that you will be using.

Menu Change: Include on the plans the following statement:

“NO CHANGES WILL BE MADE WITHOUT PUBLIC HEALTH – SEATTLE & KING COUNTY APPROVAL”

Please note that your mobile food business may be closed and you may incur penalty fees if changes are made to the mobile food unit, menu, food preparation procedures, or commissary without first obtaining written approval.

➤ **7. Operating Procedures**

- ☐ **Hours of Operation**: List the mobile food unit business hours and the preparation time(s) at the commissary.
- ☐ **Tank Maintenance**: Describe how and where fresh and waste water tanks will be filled, emptied or cleaned.
- ☐ **Setup & Takedown**: give an outline of your daily activities, to include preloading of the mobile food unit, transport to the site location, setup on site, closing procedures, storage of supplies, etc. Be specific. State the exact procedures that will be used at each sink (i.e. 3 compartment sink, mop sink.), in the commissary preparation of foods, for hand washing, etc.
- ☐ **Cleaning Schedule**: Provide the cleaning and sanitizing procedures you will use on the mobile food unit during business hours. Describe the cleaning procedures at the commissary.



2017
Plan Review Application for a
Mobile Food Service Unit

Operation Information

(Please Print)

❖ *Service Request*

Operation Name (Doing Business As): _____
 Mobile Unit Operating Location: ☐ Single Site ☐ Multiple Sites/Route (Include all locations with plan submittal.)
 Single Site Address: _____ City: _____ Zip: _____
 Scope (Briefly describe operation/menu style): _____
 Former Name: _____ Unit Type: ☐ Cart ☐ Vehicle ☐ Trailer ☐ Movable Building
 Required Information: WA License Plate # _____ VIN # _____ WA L & I Sticker # _____

❖ *Plan Check N.O.S. # 2*

Plan Review Submittal Fee (Make checks payable to: "SKCDPH"). **The Plan Review Fee is nonrefundable.**

- ☐ New Operation (\$860 + \$215/hr after 4 hours) (S602) ☐ Mobile changes (\$430 + \$215/hr after 2 hours) (S611)
☐ Resubmitted Plan (\$215/hr) (S605) ☐ Cost of Service (\$215/hr) (H009)

Ownership Information

❖ *Requestor*

Are you the new owner? Yes ☐ No ☐
 Name(s): First _____ M.I. _____ Last _____
 Business Name (Corp, LLC, etc): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Applicant Information (If different from owner)

❖ *Plan Check*

Contact Person (Applicant or Agent) Name(s):
 First _____ M.I. _____ Last _____
 Business Name (Corp, LLC, etc): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone No.'s _____
 Fax (Optional): _____ Email (Optional): _____

Commissary Information

❖ *Property Information*

Business Name: _____
 Location/Address: _____ City: _____ State: _____ Zip: _____
 Commissary Owner/Contact Person: _____ Phone No.: _____
 Fax (Optional): _____ Email (Optional): _____ Sewage: ☐ Sewer ☐ Septic System

Restroom Information (Must provide restroom availability letter for each stop that lasts longer than 1 hour)

❖ *SR Info Add Comment Sec.*

Business Name: _____
 Location/Address: _____ City: _____ State: _____ Zip: _____
 Business Owner/Contact Person: _____ Phone No.: _____
 Fax (Optional): _____ Email (Optional): _____ Sewage: ☐ Sewer ☐ Septic System

❖ **Office Use Only**

Date Submitted: _____ Risk Classification: _____ Service Request SR#: _____
 Facility Account FA#: _____ Account Receivable AR#: _____ Invoice IN#: _____
 Variance SR#: _____ Permit Record PR#: _____ DPD/DDES #: _____
 Approval Date: _____ Review Time: _____ Reviewer: _____ Mobile Sticker # _____
 Notes: _____

PLAN REVIEW APPLICATION SUBMITTAL

DISTRICT HEALTH CENTERS
DOWNTOWN
 401 5th Ave, 11th Floor
 Seattle, WA 98104
 206-263-9566
EASTGATE
 14350 S.E. Eastgate Way
 Bellevue, WA 98007
 206-477-8050



Use of Commissary / Shared Kitchen Agreement

All Food Establishments must operate out of an approved facility located within King County. Many food operations such as Mobile Food Units and Caterers utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors.

The commissary must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen showing the food service equipment and storage to be used. (**All** of these items must be addressed as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- | | |
|--|---|
| <input type="checkbox"/> 3-Compartment Sink | <input type="checkbox"/> Hand Wash Sink |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Dry Storage Space (Linear square feet) _____ | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Restroom Access | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Key Accessibility to Commissary (<i>If necessary</i>) | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Preparation Table/Equipment | <input type="checkbox"/> Mop Sink |
| <input type="checkbox"/> Off Street Parking for trucks/trailers | <input type="checkbox"/> Other: _____ |

Commissary Information:

Name of Business: _____ Permit Number **PR** _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Phone: _____
 Email: _____ Business Hours of Operation: _____
 Do other vendors use this commissary? ☐ Yes ☐ No If so, how many _____

Mobile Unit/ Caterer/ Vendor Information:

Name of Business: _____ Permit Number **PR** _____
 Owner: _____ Phone: _____
 Email: _____ Days/Time at Commissary: _____
 Address: _____ City: _____ Zip: _____

 (Commissary Owner/Agent – Printed Name & Title)

 (Mobile Unit/Caterer/Vendor– Printed Name & Title)

 (Commissary Owner/Agent – Signature & Date)

 (Mobile Unit/Caterer/Vendor– Signature & Date)

This agreement between the owner of the commissary and the operator of the mobile unit, caterer or vendor signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile unit/caterer/vendor, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King Permanent Food Service Establishment Permit may be suspended.**

Available in alternative format upon request pursuant to ADA

For Office Use Only:

Health Officer approval for use of commissary by the mobile food unit owner/vendor identified above:
 Health and Environmental Investigator/MPRAF Compliance Officer:

 (Date)

 (Printed Name)

 (Signature)

Mobile Food Unit
Food Preparation Flow Chart

List each menu item and check mark each food preparation step that will occur at the **commissary**:

FOOD	thaw	cut/ assemble	cook/ bake	cool	cold holding	reheat	hot holding	portion/p ackage	storage
Example: Clam Chowder		✓	✓	✓	✓				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List each menu item and check mark each food preparation step that will occur on the **mobile food unit**:

FOOD	cold holding	cook/ grill	reheat	hot holding	assemble	other
Example: Clam Chowder			✓	✓		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

NOTE: If your preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on a separate sheet.

Use of Restroom Agreement

All Food Establishments must provide restroom facilities for employees. This form shall be completed if you will be using restroom facilities that are owned by someone else.

Restroom facilities must be readily accessible within two hundred (200) feet of the food establishment during all times of operation. In addition, Mobile Food Units must also have access to restrooms if in any one location for more than one hour.

Indicate which of the following is available at the restroom location:

- ☐ Hot water at hand-wash sink(s) at or above 100° F
- ☐ Hand soap
- ☐ Disposable hand towels or other acceptable hand drying device
- ☐ Required sign or poster which notifies food employees to "wash their hands" clearly visible
- ☐ Key accessibility to restroom (if applicable)
- ☐ Distance from food service to restroom shall be 200 feet or less
- ☐ If seating is provided, then a plumbed restroom allowing customer access must be available within 200 feet.

Restroom Accessibility Information: Name of Business: _____
Address: _____ City: _____ Zip: _____
Contact Person: _____ Title: _____ Phone: _____
Business Hours of Operation: _____
Email: _____
What retail/service activity takes place at this facility? _____

Mobile Unit/Food Vendor Information: Name of Business: _____
Owner/Operator: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Days/Time at Restroom: _____
Email: _____

(Restroom Owner/Agent – Printed Name & Title)

(Mobile/Vendor – Printed Name & Title)

(Restroom Owner/Agent – Signature & Date)

(Mobile/Vendor – Signature & Date)

This agreement between the owner/agent of the restroom and the owner/vendor of the food establishment signifies that both parties agree to the allowed use of the restroom facilities as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the restroom or food establishment, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Food Service Operators Permit may be suspended.**

Notice to operators of Mobile Food Units

A copy of this completed Use of Restroom Agreement must be kept onboard the Mobile Food Unit.

Available in alternative format upon request pursuant to ADA

DISTRICT HEALTH CENTERS

DOWNTOWN
401 5th Ave, 11th Floor
Seattle, WA 98104
206-263-9566

EASTGATE
14350 S.E. Eastgate Way
Bellevue, WA 98007
206-477-8050



Mobile Food Unit Contact Information for Route or Site Location

The Mobile Food Unit (cart/vehicle/trailer) owner/operator must provide Public Health - Seattle & King County with contact information which will provide one or methods of being able to identify the location of operation any day of the week. Methods include: cell phone, email, online web page and/or posted calendar, Facebook or twitter account.

Mobile Food Unit/Vendor Information:

Name of Business: _____

Owner/Operator: _____

Commissary Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Web Page: _____

Facebook: _____ Twitter: _____

If mobile food unit will be operating at a single location, please provide the address where the mobile unit will be operating:

Mobile Unit operating location *City* *ZIP*

Restroom access for employees is required within **200 feet** of the mobile food unit. Mobiles at a permanent location OR with route stops of more than one hour are required to have a signed Restroom Agreement on the mobile food unit for review at time of inspection. (Appendix E).

(Mobile/Vendor – Printed Name & Title)

(Mobile/Vendor – Signature & Date)

Available in alternative format upon request pursuant to ADA

Submit to one of the following District Offices:

Downtown Environmental Health:
401 5th Ave, Suite 1100, Seattle, WA 98104
206-263-9566 (Office) 206-296-0189 (Fax)

Eastgate Environmental Health:
14350 SE Eastgate Way, Bellevue, WA 98007
206-477-8050 (Office) 206-296-9792 (Fax)

Appendix G

General Requirements for Mobile Food Units:

- ☐ Food preparation (including, but not limited to, cutting, chopping, slicing or similar food preparation activity) will not be allowed on the mobile unit and must occur at the commissary.
- ☐ Grilling or otherwise reheating for hot holding is only allowed for potentially hazardous foods that have been processed in a facility under Washington State Department of Agriculture (WSDA), US Food and Drug Administration (FDA) or US Department of Agriculture (USDA) inspection or foods that are cooked and cooled in the licensed commissary. Equipment for reheating must rapidly reheat within one (1) hour. Hot holding of reheated foods is not recommended. Reheating "to order" is a safer method and may be required.
- ☐ **Commercial-grade mechanical refrigeration** is required for all potentially hazardous foods. Cold potentially hazardous foods must be held less than 41° F. Thermometers must be visible in all refrigeration units. Pre-chilling the refrigeration units prior to loading is required.
- ☐ Facilities for hot holding must maintain 135° F or above. Mechanical units are required, either powered by propane, electricity or generators. Preheating the hot units prior to loading is required.
- ☐ All hot held potentially hazardous foods must be served the same day. **Cooling and reuse of leftover hot food is not allowed.**
- ☐ All foods must be protected from contamination, e.g. a sneeze guard or dome shields.
- ☐ Condiments must be in single service packages or dispenser bottles. Condiments not available in single service packaging and which can't be dispensed in bottles may be served in bulk provided that the condiment is non-potentially hazardous and there is a sneeze guard for food protection, e.g., sauerkraut.
- ☐ All food, equipment, utensils, paper products, water tanks and cleaning supplies must be stored on the mobile food unit or in the commissary; no additional tables, storage or cooking equipment (smoker, barbeque) is allowed off the frame of the mobile food unit. A waste container must be provided for waste generated by the mobile food unit operation.
- ☐ Mobile food units must maintain their mobility and return to the commissary on a daily basis for storage and cleaning as necessary. An alternative servicing support operation may be allowed but written procedures must be approved in advance by Public Health.
- ☐ A copy of the approved plans must be kept with the Mobile Food Unit and be available for the inspector.

Specific Requirements for Enclosed Mobile Food Units:

- ☐ Cooking of raw meats is restricted to thin foods, such as, hamburger patties. Cooking of raw meats greater than one (1) inch in thickness is not allowed.
- ☐ Ventilation hoods are required for any grease producing cooking equipment. If deep fryers are utilized, a tight fitting, heat resistant cover shall be locked in place for safe transport of hot grease.
- ☐ **Occupied Mobile Food Units:** All occupied vehicles (commercial coaches) must obtain approval from Washington State Department of Labor and Industries (L&I). L&I rules and regulations govern the safety of body and frame design and the installation of plumbing, heating and electrical equipment. Contact the L&I Plans Examiner at (360) 902-5222 in Olympia for your packet of information on L&I plan review. Obtain L&I inspection and seal of approval prior to your plan review by the Health Department (black label affixed to the outside of the vehicle).

THE STATE OF WASHINGTON			F022-041-000	
DEPARTMENT OF LABOR AND INDUSTRIES				
INSPECTED AND APPROVED TO THE RULES AND REGULATIONS FOR CONVERSION TENDOR UNIT OR SELF-PROPELLED MEDICAL UNITS. RCW 43.22.340. UNITS BEARING A DEPARTMENT INSIGNIA SHALL NOT HAVE IT'S PLUMBING, MECHANICAL OR ELECTRICAL EQUIPMENT AND INSTALLATIONS ALTERED UNLESS APPROVAL IS FIRST OBTAINED FROM THE DEPARTMENT OF LABOR AND INDUSTRIES. SELLER/CONVERTOR CERTIFIES TO COMPLIANCE OF UNIT.				
VENDOR NO.		P.A.L.		D
MSR			DSN	
ELECTRICAL SERVICE LOAD	PLUMBING FIXTURES	HEATING AND/OR COOLING		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

Specific Requirements for Non-Enclosed Mobile Food Units:

- ☐ Juice extractors are not allowed because of the difficulty of cleaning them during operation.
- ☐ Raw proteins (beef, pork, poultry, seafood, etc.) are not allowed on the Mobile Food Unit.
- ☐ **All hot held food items must be discarded at the end of the day, no cooling of these items will be allowed.**
- ☐ The number of menu items may be restricted due to mobile food unit size limitations.
- ☐ One ice chest is allowed for storage of non-potentially hazardous beverages.
- ☐ Reusable utensils (i.e., tongs, spoons, etc.) must be washed and sanitized at the commissary. If the commissary is not convenient to carry out constant ware washing, then extra clean and sanitized utensils must be loaded on the cart in a sanitary container and soiled utensils must be replaced. Store dirty utensils in a separate container for washing and sanitizing at the commissary.

Specific Requirements for Mobile Food Units Serving Only Prepackaged Foods:

- ☐ All preparation and packaging must be done at the commissary or another permitted commercial establishment.
- ☐ Commercial-grade mechanical refrigeration is preferred and may be required depending on menu (i.e., hazardous foods and length of business day). Re-freezable or dry ice may be utilized in an ice chest, the inside and outside must be smooth, cleanable and durable. (Styrofoam ice chests are not approved).
- ☐ No utensils are needed for prepackaged foods. The operator cannot open packages or handle unwrapped food. Only the customer can open the package.
- ☐ Prepackaged food must be properly labeled with the common name of the food; the label must contain a list of ingredients beginning with the most and ending with the least by weight, including all artificial color(s), flavor(s) and chemical preservatives the food contains; The label must also contain an accurate statement of the quantity of the packaged food, and the name and place of business of the manufacturer, packer, or distributor.
- ☐ Additional requirements for vehicles that stop at office buildings and sell prepackaged foods on multiple floors:
 - a) Commercial-grade mechanical refrigeration is preferred and may be required in the vehicle. Re-freezable ice packs may be utilized for multiple floor sales (no regular ice).
 - b) Hot holding is not permitted.
 - c) Condiments must be prepackaged single servings.

Specific Requirements for Limited Food Service:

- ☐ Commissary must be located within 200 feet of the Limited Food Service.
- ☐ Menu is limited to non-potentially hazardous foods, hot dogs, and espresso drinks.
- ☐ Juice extractors are not allowed because of the difficulty of cleaning them during operation.
- ☐ One ice chest is allowed for storage of non-potentially hazardous beverages.
- ☐ Reusable utensils (i.e., tongs, spoons, steamer pitchers, etc.) must be washed and sanitized at the commissary.

Mobile and Limited Plan Review Cover Sheet

For City of Seattle only – DPD Project Number (if already assigned) _____



2017

**APPLICATION TO OPERATE A
MOBILE FOOD UNIT/COMMISSARY**
PERMIT YEAR IS APRIL 1ST THROUGH MARCH 31ST

Name of Mobile Unit: _____

Owner Name: _____

Mailing Address: _____ City: _____ ZIP Code: _____

Daytime Phone: _____ Email: _____

Name of Commissary: _____

Commissary Address: _____ City: _____ ZIP Code: _____

Mobile Unit Operating Location: _____ City: _____ ZIP Code: _____

Circle all that apply:

Permit Renewal

Change of Ownership

Change of mailing address

Classification Change: 67

Permit Number: PR

Change of Commissary (\$25 fee) Previous Commissary Name/Address _____

Change of Business Name/ Previous Business Name: _____

Notice: By signing this form, you attest to the accuracy of the information and that you will comply with the food code.

DATE: _____

SIGNATURE: _____

Call (206) 263-9566 if you do not receive a renewal application by February 28th. Be sure to renew your permit before it expires.

PAYMENT INFORMATION

See back of form for fee schedule, refund policy, and where to submit this application.

Check if applicable:

New operation, date opened _____

Permit Fee \$ _____

Seasonal operation:

Late Fee \$ _____

Date of opening _____

Field Plan Review Fee \$ _____

Date of closing _____

Change of Commissary \$ _____

Date of commissary change _____

Seating capacity _____

Total Due \$ _____

Check or Money Order, Payable to: **SKCDPH**

OFFICE USE

Mobile PR _____ FA _____ PE _____ PLAN REVIEW SR _____ MOBILE STICKER # _____

Commissary PR _____ FA _____ PE _____ VARIANCE SR _____ DATE FACILITY OPENED _____

INSPECTOR NAME (print) _____ SIGNATURE _____ DATE _____

Food Establishment Categories and Permit Fees 2017

Effective 3/21/17 - 12/31/17

PERMIT CATEGORY*	Classification/Fee Risk 1	Classification/Fee Risk 2	Classification/Fee Risk 3
General Food service- 0-12 seats	6701 - \$380	6702 - \$576	6703 - \$819
General Food Service- 13-50 seats	6711 - \$380	6712 - \$615	6713 - \$868
General Food Service- 51-150 seats	6721 - \$380	6722 - \$615	6723 - \$947
General Food Service- 151-250 seats	6731 - \$380	6732 - \$753	6733 - \$1,049
General Food Service- over 250 seats	6741 - \$390	6742 - \$822	6743 - \$1,158
Limited Food service- no permanent plumbing	6757 - \$380	NA	NA
Bakery- no seating	6751 - \$452	6752 - \$540	6753 - \$795
Bed and Breakfast	6761 - \$379	NA	NA
Grocery Store- no seating	6765 - \$371	6766 - \$687	NA
Caterer	6771 - \$493	6772 - \$640	6773 - \$795
Meat/Fish Market	NA	NA	6777 - \$827
Vending Machine	6775 - \$350	NA	NA
Mobile Food Unit	6781 - \$519	6782 - \$830	6783 - \$1,070
Nonprofit Institution - unlimited seating, 501 (C)(3) status, Washington State Commission for the blind status, or municipal jail.	6735 - \$380	6736 - \$576	6737 - \$819
School Lunch Program	NA	6792 - \$578	NA

*An applicant for an annual food establishment permit who submits the application after September 30 shall pay one-half the applicable annual permit fee for the remainder of the permit year.

PLAN REVIEW FEES

New Construction	4 hour base fee (\$860) + \$215/hr after 4 hours
Remodel	3 hour base fee (\$645) + \$215/hr after 3 hours
Multiple plan review in one facility	3 hour base fee (\$645) + \$215/hr after 3 hours
Resubmitted plan review-billable	\$215/hr
Subsequent preoccupancy or field plan review	2 hour base fee (\$430) + \$215/hr after 2 hours
Changes to Mobile and Limited Food Service Establishments	\$430 +\$215/hr after 2 hours

PRORATION SCHEDULE FOR SEASONAL FOOD ESTABLISHMENTS

“Seasonal food establishment” means a food establishment that routinely operates for less than twelve consecutive months each year.

Operating 4 or fewer months	25% of annual permit fee
Operating more than 4 and up to 7 months	50% of annual permit fee
Operating more than 7 and up to 10 months	75% of annual permit fee
Operating more than 10 months and up to 12 months	100% of annual permit fee

LATE FEES

Annual permits 10-30 days	10% of annual permit fee
Annual permits 31 days – 60 days	20% of annual permit fee
Annual permits more than 60 days	30% of annual permit fee
Seasonal permits	\$25

MISCELLANEOUS FEES

Duplicate permit	\$25
Facility Name Change (with no other changes)	\$25
Request for variance	\$215/hr
Check returned by bank	\$35
Processing a refund	\$25
After hours inspection	Cost of service

Refund Policy

Permit fees may only be refunded if Public Health denies the permit application, the applicant withdraws the application before the permit is issued, the food establishment permit has been overpaid, or as otherwise provided in BOH 2.10.100. An administrative fee of \$25 is deducted from each refund (BOH 2.06.070).

MAKE CHECKS PAYABLE TO: SKCDPH
MAIL TO: Public Health – Seattle & King County
 Downtown Environmental Health
 401 - 5th Avenue, Suite 1100
 Seattle, WA 98104

PERMITS AND LICENSES PHONE: 206-263-9566 Fax- 206-296-0189
WEBSITE: <http://www.kingcounty.gov/health/foodsafety>